

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Old et al
Serial No.: Applied for
Filed: Submitted herewith
For: CYCLOHEXYL PROSTAGLANDIN ANALOGS AS EP₄-RECEPTOR AGONISTS

Examiner: Not known
Group Art Unit: Not known

NATIONAL STAGE PCT APPLICATION TRANSMITTAL LETTER

Mail Stop: Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir/Madam:

Enclosed herewith are the following documents:

- (x) Return/postage paid Postcard
- (x) Transmittal Letter - 4 pgs
- (x) Specification (45 pages total) consisting of 30 Claims (9 pgs) and Abstract (1 page)
- (x) Drawings (5 sheets)
- (x) Copy of Declaration/Power of Attorney
- (x) Copy of Recorded Assignment with Recordation Cover Sheet

Dated: 1/18/06

Brent A. Johnson
BRENT A. JOHNSON
Registration No. 51,851

CERTIFICATE OF EXPRESS MAIL UNDER 37 C.F.R. §1.10

I hereby certify that the above-identified documents are being deposited with the United States Postal Service on 1/19/06 in an envelope as "Express Mail Post Office To Addressee" mailing label number E16162514643, with sufficient postage for Express Mail addressed to MS: Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Date: 1/19/2006

BONNIE FERGUSON
Name of person mailing paper
Bonnie Ferguson
Signature of person mailing paper

**REQUEST FOR COMMENCEMENT OF THE NATIONAL STAGE OF A PCT APPLICATION
UNDER 35 U.S.C. § 371**

To the Commissioner for Patents:

This is a request for commencement of the national stage under 35 U.S.C. § 371 of PCT application PCT/US2004/026607, filed on August 16, 2004, which claims priority to Serial No. 10/652,634 filed on August 28, 2003 entitled CYCLOHEXYL PROSTAGLANDIN ANALOGS AS EP₄-RECEPTOR AGONISTS by the following named inventor(s):

1	Full Name of Inventor	Last Name: Old	First Name: David	Middle Name: W.
	Residence and Citizenship	City: Irvine	State or Foreign Country: California	Country Of Citizenship: U.S.A.
	Post Office Address	Post Office Address: 13771 Typee Way	City: Irvine	State or Country: California
2	Full Name of Inventor	Last Name: Burk	First Name: Robert	Middle Name: M.
	Residence and Citizenship	City: Laguna Beach	State or Foreign Country: California	Country Of Citizenship: U.S.A.
	Post Office Address	Post Office Address: 1337 Cerritos Drive	City: Laguna Beach	State or Country: CA
3	Full Name of Inventor	Last Name: Dinh	First Name: Thang	Middle Name: D.
	Residence and Citizenship	City: Garden Grove	State or Foreign Country: California	Country Of Citizenship: U.S.A.
	Post Office Address	Post Office Address: 11531 College Ave.	City: Garden Grove	State or Country: California

Applicants expressly request that the national stage of processing commence as soon as the application is in order for such purpose and the applicable requirements of 35 USC § 371(c) have been complied with.

Please cancel any amendments which have been made to the claims under Article 19 or Article 34 of the PCT.

10/565340

IAP15 REC'D/PC-A 19 JAN 2006

Docket No. 17609 (AP) -PCT-US

(X) The Commissioner is hereby authorized to use Deposit Account Number 01-0885 for the payment of any extension fees incurred during the prosecution of this application.

(X) Enclosed is a Specification (45 pages total) consisting of 30 Claims (9 pgs) and Abstract (1 page)

Oath or Declaration

(X) Enclosed is a copy of fully executed oath or declaration.

() Enclosed is an unsigned oath or declaration.

(X) A self-addressed return postcard is enclosed for verification of receipt.

(X) The filing fee is calculated below:

FOR	NUMBER FILED	NUMBER EXTRA	RATE	FEE
Basic National Fee (37 CFR 1.492(a))			\$300.00	\$300.00
Examination Fee (37 CFR 1.492(c) - all other situations			\$200.00	\$200.00
Search Fee (37 CFR 1.492(b) - International Search Report prepared by an ISA other than the US and provided to the Office or previously communicated to the US by the IB			\$400.00	\$400.00
Total Claims in Excess of 20	00	minus 20 = -0- x	\$50.00	\$0.00
Independent Claims in Excess of Three	00	minus 3 = -0- x	\$200.00	\$0.00
If application contains any multiple dependent claims, then add			\$360.00	\$0.00
Total Sheets	0	minus 100 = -0-	\$50.00	\$0.00
Utility Application Size Fee - for each additional 50 sheets that exceeds 100 sheets			\$250.00	\$0.00
Processing Fee			\$130.00	\$0.00
Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31) \$40.00 per property			\$ 40.00	\$0.00
TOTAL FILING FEE			\$900.00	

(X) The Commissioner is hereby authorized to charge the filing fee and excess claim fees (including multiple dependent claim fee) as stated above to Deposit Account No. 01-0885. If this amount is incorrect, or for payment of any other fees that may be incurred as a result of this communication please use said Deposit Account. A duplicate copy of this sheet is enclosed for that purpose.

(X) A copy of the recorded Assignment with the Recordation Cover Sheet, bestowing all interest in this application to Allergan, Inc., is enclosed.

(X) New drawing(s) are enclosed 5 sheets.

() A Statement Pursuant to 37 CFR §1.821(f) and a labeled diskette containing the computer readable sequence listing is enclosed.

() A Statement Pursuant to 37 CFR §1.821(e), stating that the paper copy and the computer readable form are identical is filed herewith.

10/565340
18 JAN 2006
Docket No. 17609 (AP) PCT-US

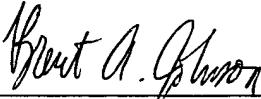
- A properly labeled computer readable form of the Sequence Listing accompanies this Application.
- The Power of Attorney in this application is to Brent A. Johnson, Registration Number 51,851.
- The Power of Attorney appears in the Combined Declaration and Power of Attorney, filed herewith.
- A copy of the Request for Extension of Time filed in the prior application is enclosed.

Please address all future communications to:

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Respectfully submitted,

Date: 1/18/06


Brent A. Johnson

Brent A. Johnson
Registration No. 51,851
Patent Agent of Record